

		FOR OHF USE					

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2002  
STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC AID  
FINANCIAL AND STATISTICAL REPORT FOR  
LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2002)

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0038604

Facility Name: BEVERLY FARM FOUNDATION

Address: 6301 HUMBERT ROAD GODFREY 62035  
Number City Zip Code

County: MADISON

Telephone Number: (618)466-0367 Fax # ( )

IDPA ID Number: 37-1237369001

Date of Initial License for Current Owners:

Type of Ownership:

<input checked="" type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input checked="" type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code	501(c)(3)	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	Other		

In the event there are further questions about this report, please contact:  
Name: BRENDA MILLER Telephone Number: (618)466-0367

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/01 to 06/30/02 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_  
(Type or Print Name) MARTHA WARFORD  
(Title) EXECUTIVE DIRECTOR

Paid Preparer

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_  
(Print Name and Title) KIMBERLY S. LOY, CPA PRINCIPAL  
(Firm Name & Address) SCHEFFEL & COMPANY, P.C. 106 COUNTY RD. JERSEYVILLE, IL 62052  
(Telephone) (618)498-6841 Fax # (618)498-6842

MAIL TO: OFFICE OF HEALTH FINANCE  
ILLINOIS DEPARTMENT OF PUBLIC AID  
201 S. Grand Avenue East  
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number BEVERLY FARM FOUNDATION

# 0038604 Report Period Beginning: 07/01/01 Ending: 06/30/02

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,  
(must agree with license). Date of change in licensed beds \_\_\_\_\_

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	300	Intermediate/DD	300	109,500	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	300	TOTALS	300	109,500	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	90,933	5,883		96,816	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	90,933	5,883		96,816	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 88.42%

D. How many bed-hold days during this year were paid by Public Aid?

1,880 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)

DAY CARE (RESPITE CARE)

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?

YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☒ NO ☐

I. On what date did you start providing long term care at this location?

Date started 10/01/57

J. Was the facility purchased or leased after January 1, 1978?

YES ☐ Date \_\_\_\_\_ NO ☒

K. Was the facility certified for Medicare during the reporting year?

YES ☐ NO ☒ If YES, enter number

of beds certified \_\_\_\_\_ and days of care provided \_\_\_\_\_

Medicare Intermediary \_\_\_\_\_

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 06/30/02 Fiscal Year: 06/30/02

\* All facilities other than governmental must report on the accrual basis.

## STATE OF ILLINOIS

Page 3

Facility Name & ID Number **BEVERLY FARM FOUNDATION** # **0038604** Report Period Beginning: **07/01/01** Ending: **06/30/02**

**V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)**

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	864,819	81,757	25,755	972,331		972,331		972,331			1
2	Food Purchase		637,443		637,443		637,443	(9,128)	628,315			2
3	Housekeeping	781,162	12,182	80,251	873,595		873,595		873,595			3
4	Laundry	214,630	26,212	11,679	252,521		252,521		252,521			4
5	Heat and Other Utilities			280,970	280,970		280,970		280,970			5
6	Maintenance	307,483	18,972	159,932	486,387		486,387		486,387			6
7	Other (specify):* <b>SECURITY</b>	20,759	586	63,277	84,622		84,622		84,622			7
8	<b>TOTAL General Services</b>	2,188,853	777,152	621,864	3,587,869		3,587,869	(9,128)	3,578,741			8
	<b>B. Health Care and Programs</b>											
9	Medical Director											9
10	Nursing and Medical Records	3,982,395	130,918	1,142,646	5,255,959	(267,232)	4,988,727		4,988,727			10
10a	Therapy	266,113	2,640	5,200	273,953		273,953		273,953			10a
11	Activities	247,858	42,153	29,464	319,475		319,475		319,475			11
12	Social Services	93,893		1,325	95,218		95,218		95,218			12
13	Nurse Aide Training	104,131			104,131	267,232	371,363		371,363			13
14	Program Transportation	47,002			47,002		47,002		47,002			14
15	Other (specify):*											15
16	<b>TOTAL Health Care and Programs</b>	4,741,392	175,711	1,178,635	6,095,738		6,095,738		6,095,738			16
	<b>C. General Administration</b>											
17	Administrative	108,633		13,086	121,719		121,719		121,719			17
18	Directors Fees											18
19	Professional Services			103,235	103,235		103,235		103,235			19
20	Dues, Fees, Subscriptions & Promotions			43,546	43,546		43,546		43,546			20
21	Clerical & General Office Expenses	370,350	26,875	148,678	545,903		545,903		545,903			21
22	Employee Benefits & Payroll Taxes			2,342,857	2,342,857		2,342,857		2,342,857			22
23	Inservice Training & Education			8,280	8,280		8,280		8,280			23
24	Travel and Seminar			5,553	5,553		5,553		5,553			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			207,016	207,016		207,016		207,016			26
27	Other (specify):* <b>FUND RAISING</b>	69,528		25,415	94,943		94,943	(94,943)				27
28	<b>TOTAL General Administration</b>	548,511	26,875	2,897,666	3,473,052		3,473,052	(94,943)	3,378,109			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	7,478,756	979,738	4,698,165	13,156,659		13,156,659	(104,071)	13,052,588			29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification	Reclassified Total	Adjust- ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			943,663	943,663		943,663	(332,151)	611,512			30
31	Amortization of Pre-Op. & Org.			11,365	11,365		11,365		11,365			31
32	Interest			475,735	475,735		475,735		475,735			32
33	Real Estate Taxes			10,894	10,894		10,894	(10,894)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* MORTGAGE INS			34,210	34,210		34,210		34,210			36
37	TOTAL Ownership			1,475,867	1,475,867		1,475,867	(343,045)	1,132,822			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	32,855	4,227	88,059	125,141		125,141		125,141			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			695,336	695,336		695,336		695,336			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	32,855	4,227	783,395	820,477		820,477		820,477			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	7,511,611	983,965	6,957,427	15,453,003		15,453,003	(447,116)	15,005,887			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(9,128)	2-7		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(332,151)	30-7		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(10,894)	33-7		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(94,943)	27-7		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (447,116)		\$	30

OHF USE ONLY							
48		49		50		51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B) )	\$ (447,116)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

## Summary A

06/30/02

**SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I**

[illegible]

## Summary B

06/30/02

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

[illegible]



VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
		GROUP HOME #1	GODFREY			
		GROUP HOME #2	GODFREY			
		GROUP HOME #3	GODFREY			
		GROUP HOME #4	GODFREY			
		GROUP HOME #5	GODFREY			
		GROUP HOME #6	GODFREY			

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

YES

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger	4 Amount	5 Cost to Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
			Item		Name of Related Organization				
1	V			\$			\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number BEVERLY FARM FOUNDATION # 0038604 Report Period Beginning: 07/01/01 Ending: 06/30/02

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1  Name	2  Title	3  Function	4  Ownership Interest	5  Compensation Received From Other Nursing Homes*	6  Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7  Compensation Included in Costs for this Reporting Period**		8  Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).  
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME  
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION



IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	IL HEALTH FACILITY		X	CONSTRUCTION		07/96	\$	6,635,913	2031	6.6800	\$ 452,398	1
2												2
3												3
4												4
5												5
	Working Capital											
6	MISCELLANEOUS										23,337	6
7												7
8												8
9	TOTAL Facility Related						\$	6,635,913			\$ 475,735	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$				\$	14
15	TOTALS (line 9+line14)						\$	6,635,913			\$ 475,735	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 34,210 Line # 36-3

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2001 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$ 10,894	2
3. Under or (over) accrual (line 2 minus line 1).			\$ 10,894	3
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$ 10,894	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	1997	5,071	8	
	1998	5,317	9	
	1999	5,822	10	
	2000	10,463	11	
	2001	13,506	12	
FOR OHF USE ONLY				
13	FROM R. E. TAX STATEMENT FOR 2001 \$			13
14	PLUS APPEAL COST FROM LINE 5 \$			14
15	LESS REFUND FROM LINE 6 \$			15
16	AMOUNT TO USE FOR RATE CALCULATION \$			16

- NOTES:
1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates    RE: 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

BEVERLY FARM FOUNDATION

COUNTY

MADISON

FACILITY IDPH LICENSE NUMBER

0038604

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( )

FAX #: ( )

A. **Summary of Real Estate Tax Cos**

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 2001

	(A)	(B)	(C)	(D)
	Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
		TOTALS	\$	\$

B. **Real Estate Tax Cost Allocation:**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services'    YES    NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. **Tax Bills**

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill whic is normally paid during 2002.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: B. General Construction Type: Exterior BRICK Frame WOOD & STEEL Number of Stories ONE

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.  
(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.  
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO  
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:  
3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:  
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.					
	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	FACILITY	6,701,800	1955	\$ 78,120	1
2	GROUND IMP.		VARIOUS	113,772	2
3	TOTALS	6,701,800		\$ 191,892	3

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	129		1960	1960	\$ 340,034	\$	40	\$	\$	\$ 340,034	4
5	26		1965	1965	166,210	4,155	40	4,155		153,743	5
6	35		1969	1969	309,300	7,732	40	7,732		255,170	6
7	26		1972	1972	277,051	6,926	40	6,926		207,787	7
8	84		1979	1979	628,784	15,720	40	15,720		377,272	8
	Improvement Type**										
9	43 BEDS INCLUDED IN LINE 8 YEAR ACQUIRED 1984			1984	1,188,870	29,722	40	29,722		520,332	9
10	BUILDING ADDITIONS			1968	416,642	10,998	40	10,998		336,032	10
11	BUILDING IMPROVEMENTS			1973	1,958	48	40	48		1,417	11
12	BUILDING ADDITIONS			1974	62,866	1,571	40	1,571		44,012	12
13	BUILDING IMPROVEMENTS			1977	6,665	166	40	166		4,171	13
14	BUILDING IMPROVEMENTS			1978	29,299	731	40	731		17,564	14
15	BUILDING IMPROVEMENTS			1979	3,697	92	40	92		2,116	15
16	BUILDING IMPROVEMENTS			1980	178,379	4,458	40	4,458		98,094	16
17	BUILDING IMPROVEMENTS			1981	31,403		10			31,403	17
18	BUILDING IMPROVEMENTS			1982	12,792		10			12,792	18
19	BUILDING IMPROVEMENTS			1981	95,850	2,391	40	2,391		49,098	19
20	BUILDING IMPROVEMENTS			1982	11,260	282	40	282		5,781	20
21	CERAMIC FLOOR			1982	1,282	32	40	32		609	21
22	SIDEWALK			1983	23,174		10			23,174	22
23	SEWER			1983	72,357	2,412	30	2,412		45,827	23
24	SERVICE ROAD			1983	35,016		15			35,016	24
25	BUILDING IMPROVEMENTS			1984	24,029	599	40	599		11,108	25
26	BUILDING IMPROVEMENTS			1983	21,405	535	40	535		9,899	26
27	WADING POOL & FENCE			1984	16,290		15			16,290	27
28	SIDEWALK			1984	15,477		10			15,477	28
29	ENTRANCE SIGNS			1985	1,770		12			1,770	29
30	DRAINAGE SWAIL			1984	18,096		15			18,096	30
31	ROAD REPAIRS			1985	1,670		15			1,670	31
32	ELECTRICAL SYSTEM			1985	20,407	1,022	20	1,022		17,861	32
33	BUILDING IMPROVEMENTS			1985	10,135	255	40	255		4,439	33
34	BUILDING IMPROVEMENTS			1985	7,675	191	40	191		3,355	34
35	BUILDING IMPROVEMENTS			1986	1,107	27	40	27		458	35
36	BUILDING IMPROVEMENTS			1986	46,643	1,163	40	1,163		19,227	36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total



XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	BUILDING IMPROVEMENTS	1986	\$ 26,832	\$ 669	40	\$ 669	\$	\$ 11,063	37
38	BUILDING IMPROVEMENTS	1986	36,519	910	40	910		15,052	38
39	BUILDING IMPROVEMENTS	1986	31,221	779	40	779		12,878	39
40	BUILDING IMPROVEMENTS	1986	2,363	59	40	59		983	40
41	BUILDING IMPROVEMENTS	1986	4,353	108	40	108		1,785	41
42	AIR CONDITION SYSTEM	1986	591,935	19,730	15	19,730		591,935	42
43	PLAYGROUND SHELTER	1985	16,220		15			16,220	43
44	SIDEWALKS	1985	9,742		10			9,742	44
45	ROAD PAVING & LOT	1985	41,930		15			41,930	45
46	SEWER & STORM DRAIN	1985	5,422	179	30	179		2,977	46
47	GROUND IMPROVEMENTS	1985	3,117		10			3,117	47
48	SIDEWALKS	1986	15,081		10			15,081	48
49	PARKING LOT	1986	1,838	64	15	64		1,838	49
50	BENCHES & FENCES	1986	5,058	167	15	167		5,058	50
51	AIR CONDITION SYSTEM	1986	5,000	163	15	163		5,000	51
52	BUILDING REMODELING	1986	46,415	1,163	40	1,163		17,994	52
53	BUILDING REMODELING	1986	41,122	1,029	40	1,029		15,938	53
54	BUILDING IMPROVEMENTS	1986	216,453	5,411	40	5,411		83,874	54
55	BOILER	1987	14,533	364	40	364		5,270	55
56	ELECTRIC REWIRE	1987	16,869	845	20	845		12,235	56
57	BUILDING IMPROVEMENTS	1986	2,341	58	40	58		1,332	57
58	BUILDING IMPROVEMENTS	1987	78,723	1,969	40	1,969		28,162	58
59	BUILDING IMPROVEMENTS	1987	8,447	212	40	212		2,958	59
60	SEWER & MANHOLE	1987	830	58	15	58		811	60
61	TREE REMOVAL	1987	2,091	141	15	141		2,026	61
62	TELEPHONE SYSTEM	1988	4,086	205	20	205		2,760	62
63	BUILDING IMPROVEMENTS	1988	1,810	46	40	46		613	63
64	PARKING LOT	1988	42,125	2,810	15	2,810		37,918	64
65	SEWER	1988	22,785	757	30	757		10,246	65
66	FENCE	1988	1,147	79	15	79		1,040	66
67	BUILDING IMPROVEMENTS	1990	3,527		10			3,527	67
68	SEWER	1990	3,459		10			3,459	68
69	BUILDING IMPROVEMENTS	1991	27,118	677	40	677		7,793	69
70	TOTAL (lines 4 thru 69)		\$ 5,408,105	\$ 129,880		\$ 129,880	\$	\$ 3,653,709	70

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,408,105	\$ 129,880		\$ 129,880	\$	\$ 3,653,709	1
2	SPRINKLER	1991	50,681		10			50,681	2
3	DINING HALL	1991	940,888	23,523	40	23,523		258,747	3
4	SEWER REPAIR	1989	1,904		10			1,904	4
5	PARKING LOT RESURFACING	1989	9,918	662	15	662		8,267	5
6	CLEAN DUMP	1989	4,821		10			4,821	6
7	MANHOLE REPLACEMENT	1991	4,100		10			4,100	7
8	SEWER REPAIRS	1991	1,062		10			1,062	8
9	SEWER REPAIRS	1991	6,513		10			6,513	9
10	DINING HALL	1991	4,625	113	40	113		1,264	10
11	RENOVATIONS-CAMPBELL	1992	4,282	173	25	173		1,889	11
12	SIDEWALKS	1992	10,289		10			10,289	12
13	ROOM ADDITION-CAMPBELL	1992	38,900	1,556	25	1,556		14,784	13
14	WINDOWS-LOGAN	1992	16,450	658	25	658		6,251	14
15	DOORS/WINDOWS/REMODELLING-ALL 10 COTTAGES	1993	1,422,666	56,907	25	56,907		539,447	15
16	SEWER LINE/ROADWORK/PAVILION	1993	21,585	1,856	10 \ 15	1,856		17,637	16
17	NEW ROOF/CONCRETE WORK	1994	43,633	2,909	15	2,909		24,726	17
18	REMODELED BEVERLY, SMITH & STAHL BLDGS	1993	567,401	22,695	25	22,695		192,913	18
19	FURNACE/AIR CONDITIONER/SPRINKLER	1994	13,403	535	25	535		4,554	19
20	ROAD & LOT WORK	1994	21,688	1,446	15	1,446		12,290	20
21	FLOW METER	1994	5,755	383	15	383		3,259	21
22	SIDEWALD & DRAINAGE WORK	1995	10,534	1,054	10	1,054		8,955	22
23	CABINETS	1995	5,460	364	15	364		2,730	23
24	BAZEBO	1995	8,490	566	15	566		4,245	24
25	WINDOWS	1995	41,000	1,640	25	1,640		12,300	25
26	PARKING LOT REPAIRS/SPRINKLER/FIRE ALARM	1994	1,272	51	25	51		382	26
27	ROAD WORK	1994	76,071	5,072	15	5,072		38,037	27
28	SEWER & GAS LINES	1995	12,104	1,212	10	1,212		9,083	28
29	AIRCOND./FLOORING/CEILING REPAIR/PAVILION	1996	26,015	1,041	25	1,041		6,765	29
30	KITCHEN AT LOGAN	1996	7,494	500	15	500		3,249	30
31	PARKING LOT & ROAD	1996	164,403	16,440	10	16,440		106,861	31
32	PATIO & SIDEWALK	1996	13,517	1,352	10	1,352		8,787	32
33	GAS & WATER LINES EVANS HALL	1996	1,347	134	10	134		873	33
34	TOTAL (lines 1 thru 33)		\$ 8,966,376	\$ 272,722		\$ 272,722	\$	\$ 5,021,374	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,966,376	\$ 272,722		\$ 272,722	\$	\$ 5,021,374	1
2	WINDOWS	1998	11,490	766	15	766		4,213	2
3	PORCH - CHAPPE	1998	4,110	206	20	206		1,132	3
4	LIGHTING/ROOF DRAINS/DIETARY REPAIRS	1998	11,782	786	15	786		4,322	4
5	PARKING LOT	1997	78,536	7,854	10	7,854		43,196	5
6	SIDEWALK	1997	11,311	452	25	452		2,487	6
7	SEWER REPAIR	1997	4,232	423	10	423		2,327	7
8	LANDSCAPING	1997	9,668	966	5	966		9,668	8
9	SIDEWALKS	1997	4,125	413	10	413		2,270	9
10	PARKING LOT	1997	3,876	388	10	388		2,133	10
11	ADMINISTRATION BUILDING	1997	667,309	16,683	40	16,683		91,756	11
12	SECURITY OFFICE	1997	3,399	340	10	340		1,530	12
13	CARPET/LINOLEUM/LAVATORY/SUNROOM	1997	21,007	1,401	15	1,401		6,304	13
14	ROOFS-HERRING & DONNELLY	1997	55,560	3,704	15	3,704		16,668	14
15	CABINETS - DONNELLY	1998	10,638	709	15	709		3,191	15
16	ROOF- LAUNDRY	1998	20,652	1,377	15	1,377		6,196	16
17	ROOF REPAIR DONNELLY/NEW DOORS/FURNACE	1997	16,030	1,069	15	1,069		4,810	17
18	HARDWARE - ADMINISTRATION BLDG	1997	6,556	656	15	656		2,623	18
19	SECURITY SYSTEM - ADMINISTRATION BLDG	1997	2,046	205	10	205		819	19
20	PARKING LOT/SIDEWALKS/SEWER REPAIR/FENCE	1998	65,738	6,001	10	6,001		28,152	20
21	WINDOWS/ROOF REPAIRS/DOORS	1999	96,828	3,873	25	3,873		13,556	21
22	WINDOWS - LAUNDRY	1999	6,670	267	25	267		934	22
23	DOORS - MAINTENANCE	1999	13,314	1,331	10	1,331		4,659	23
24	WINDOWS-NURSING	1998	6,182	247	25	247		864	24
25	FENCE - LAGOON	1999	6,734	449	15	449		1,571	25
26	ROAD REPAIR	1999	6,667	667	10	667		2,334	26
27	WATER LINE REPAIR ADMIN	1999	564	56	10	56		196	27
28	SIDEWALKS	1999	22,706	2,271	10	2,271		7,948	28
29	PATIO - DONNELLY	1999	1,020	102	10	102		357	29
30	WINDOWS - CAMPBELL	1993	440	18	25	18		169	30
31	PARKING LOT REPARIS/SPRINKLER/FIRE ALARM	1994	9,528	381	25	381		2,858	31
32	ROOF-CAMP BEVERLY	2000	1,350	67	20	67		168	32
33	BEVERLY COTTAGE-SIDING,GUTTERS, FASCIA	2000	8,636	432	20	432		1,080	33
34	TOTAL (lines 1 thru 33)		\$ 10,155,080	\$ 327,282		\$ 327,282	\$	\$ 5,291,865	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
 B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 10,155,080	\$ 327,282		\$ 327,282	\$	\$ 5,291,865	1
2	CARRIAGE HOUSE-WINDOWS	2000	586	23	25	23		58	2
3	CHAPPE-ROOF	1999	615	31	20	31		77	3
4	DIETARY-DOOR	1999	3,262	326	10	326		815	4
5	DONNELLY-DOORS	2000	6,927	693	10	693		1,732	5
6	EVANS-SIDING & GUTTERS	1999	10,527	527	20	527		1,317	6
7	FUNDRAISING-SIDING & GUTTERS	1999	2,125	106	20	106		265	7
8	GARAGE-WINDOW	1999	909	36	25	36		90	8
9	MAIN CAMPUS GAS LINE	1999	10,235	512	20	512		1,280	9
10	HERRING-SIDING & GUTTERS	1999	5,788	289	20	289		723	10
11	HERRING-DOOR	2000	2,857	286	10	286		715	11
12	HILLIER-ROOF	2000	34,732	1,737	20	1,737		4,342	12
13	HILLIER-SPRINKLER & FLOORING	1999	12,663	633	20	633		1,583	13
14	HOUSEKEEPING-SOFFIT & GUTTERS	1999	925	46	20	46		115	14
15	LAUNDRY-DOOR,SIDING & SOFFIT	1999	2,586	129	20	129		323	15
16	LAVENTHAL-DOOR,SIDING & SOFFIT	1999	5,972	299	20	299		747	16
17	LOGAN-DOOR,SOFFIT,FLOORING	1999	18,805	940	20	940		2,350	17
18	OLD HERRING-SIDING	1999	1,172	59	20	59		147	18
19	SMITH-DOOR,SIDING & FASCIA	1999	9,851	493	20	493		1,232	19
20	STAHL-SIDING,SOFFIT & FLOORING	2000	14,075	704	20	704		1,760	20
21	SUPPLY-SIDING & SOFFIT	1999	3,806	190	20	190		475	21
22	GAS PIPELINE	1999	4,000	400	10	400		1,000	22
23	TAR/CHIP ROADS	1999	12,403	1,240	10	1,240		3,100	23
24	GASOLINE TANK	1999	2,788	279	10	279		697	24
25	ASPHALT WORK	1999	74,611	7,461	10	7,461		18,653	25
26	WATERLINES	1999	23,855	2,385	10	2,385		5,963	26
27	CHAPPEE-SIDEWALK	1999	1,515	151	10	151		378	27
28	FENCE ABOVE LPG VAPOR TANK	2000	4,200	280	15	280		700	28
29	HERRING-PARKING LOT	1999	3,493	349	10	349		873	29
30	HILLIER-SIDEWALK	1999	3,466	347	10	347		867	30
31	LOGAN-PATIO	1999	10,258	1,026	10	1,026		2,565	31
32	GROUND COVER FOR SWING SET	1999	5,962	596	10	596		1,490	32
33	OLD HERRING-ELECTRIC	2000	2,579	258	10	258		645	33
34	TOTAL (lines 1 thru 33)		\$ 10,452,628	\$ 350,113		\$ 350,113	\$	\$ 5,348,942	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,452,628	\$ 350,113		\$ 350,113	\$	\$ 5,348,942	1
2	SMITH SIDEWALK	1999	1,063	106	10	106		265	2
3	TREE REMOVAL	2000	875	175	5	175		438	3
4	BEVERLY - SPRINKLER	2001	1,049	105	10	105		157	4
5	BEVERLY - WATER HEATER	2000	1,170	117	10	117		176	5
6	BEVERLY - FLOOR/DOOR	2000	5,073	507	10	507		761	6
7	CARIAGE HSE-GUTTERS	2000	5,115	256	20	256		384	7
8	CHAPPEE-A/C; FLOORS	2000	14,128	1,413	10	1,413		2,119	8
9	CROSS COTTAGE-SIDING	2000	1,945	97	20	97		146	9
10									10
11	DIETARY-DOOR	2000	1,685	169	10	169		253	11
12	DONNELLY-DOORS	2000	5,249	525	10	525		787	12
13	EVANS-A/C	2001	2,081	208	10	208		312	13
14	EVANS-WINDOWS/DOORS	2000	6,196	248	25	248		372	14
15	LAVENTHAL-FIRE ALARM	2000	12,000	1,200	10	1,200		1,800	15
16	SMALL GARAGE DOOR	2000	3,000	200	15	200		300	16
17	HERRING-FRP WALLS	2000	864	58	15	58		87	17
18	HILLIER-SPRINKLER REP	2001	5,862	586	10	586		879	18
19	HILLIER-NEW WINDOWS	2000	11,361	454	25	454		681	19
20	HILLIER-DOOR/FLOORING	2001	8,040	804	10	804		1,206	20
21	LAUNDRY-CHIMNEY/DOOR	2000	10,074	1,007	10	1,007		1,511	21
22	LAVENTHAL-SPRINKLER	2001	7,501	750	10	750		1,125	22
23	LOGAN-DOOR/SPRINKLER	2001	5,261	526	10	526		789	23
24	LOGAN-FIRE ALARM	2000	10,350	1,035	10	1,035		1,553	24
25	OLD HERRING-WINDOWS	2000	5,535	221	25	221		332	25
26	SEWING-STEEL DOORS	2000	2,281	228	10	228		342	26
27	SMITH-DOOR	2001	1,070	107	10	107		161	27
28	STAHL-DOOR/FLOORING	2001	6,934	693	10	693		1,040	28
29									29
30	DRAINAGE DITCH	2001	9,170	917	10	917		1,376	30
31	CABIN ROAD REPAIR	2000	26,843	2,684	10	2,684		4,026	31
32	MAIN CAMPUS-SIDEWALK	2000	28,716	2,872	10	2,872		4,308	32
33	HERRING PARKING LOT	2000	12,341	1,234	10	1,234		1,851	33
34	TOTAL (lines 1 thru 33)		\$ 10,665,460	\$ 369,615		\$ 369,615	\$	\$ 5,378,479	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
 B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 10,665,460	\$ 369,615		\$ 369,615	\$	\$ 5,378,479	1
2	ROAD IMPROVEMENTS	2000	106,706	10,671	10	10,671		16,006	2
3	SRS BLDG-SITE PREP	2001	936	94	10	94		141	3
4	STORM SEWER REPAIR	2000	2,600	260	10	260		390	4
5	WIDEN ROAD	2000	2,650	265	10	265		398	5
6									6
7	OIL & CHIP ROADS	2001	12,362	618	10	618		618	7
8	ROAD REPAIRS	2001	83,835	4,192	10	4,192		4,192	8
9	SIDEWALKS	2001	12,977	649	10	649		649	9
10	BEVERLY - DOORS/JAMBS	2001	919	46	10	46		46	10
11	CHAPPEE - DOORS	2001	1,721	86	10	86		86	11
12	DIETARY - DOORS	2001	506	25	10	25		25	12
13	DONNELLEY - FIRE ALARM	2002	18,469	923	10	923		923	13
14	EVANS - FIRE ALARM	2002	11,667	583	10	583		583	14
15	HERRING - FIRE ALARM	2002	11,666	583	10	583		583	15
16	HERRING - DOORS	2001	2,680	134	10	134		134	16
17	HILLIER - SPRINKLER	2001	786	39	10	39		39	17
18	HOUSEKEEPING - DOOR	2001	846	42	10	42		42	18
19	COTTAGES - SPRINKLER	2001	8,195	410	10	410		410	19
20	BATHROOM DOORS	2001	4,601	230	10	230		230	20
21	MAINTENANCE - GUTTERS & ROOF	2001	6,256	156	20	156		156	21
22	MAINTENANCE - GARAGE DOORS	2001	679	34	10	34		34	22
23	MAINTENANCE - SHED DOORS	2001	1,492	75	10	75		75	23
24	SEWING - WINDOWS	2001	3,926	79	25	79		79	24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,961,935	\$ 389,809		\$ 389,809	\$	\$ 5,404,318	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,859,636	\$ 194,540	\$ 194,540	\$	5-20	\$ 912,275	71
72	Current Year Purchases	61,086	3,499	3,499		5-20	3,499	72
73	Fully Depreciated Assets	1,899,611				5-20	1,899,611	73
74								74
75	TOTALS	\$ 3,820,333	\$ 198,039	\$ 198,039	\$		\$ 2,815,385	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	SEE ATTACHED SCHEDULE			\$ 357,264	\$ 23,664	\$ 23,664	\$	5-10	\$ 255,786	76
77										77
78										78
79										79
80	TOTALS			\$ 357,264	\$ 23,664	\$ 23,664	\$		\$ 255,786	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 15,331,424	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 611,512	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 611,512	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,475,489	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	SEE ATTACHED SCHEDULE	\$ 9,624,241	\$ 332,151	\$ 3,145,485	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 9,624,241	\$ 332,151	\$ 3,145,485	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  
If NO, see instructions.
- ☐ YES
- ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
- This amount was calculated by dividing the total amount to be amortized  
by the length of the lease

9. Option to Buy:
- ☐ YES
- ☐ NO
- Terms:
- \*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES
- ☐ NO
16. Rental Amount for movable equipment: \$
- Description:
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:
- Beginning
- Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2003	\$
13.	/2004	\$
14.	/2005	\$

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.



A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☒ YES  
☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM☒  
IN OTHER FACILITY☐  
COMMUNITY COLLEGE☐  
HOURS PER AIDE40

3. CLINICAL PORTION:

IN-HOUSE PROGRAM☒  
IN OTHER FACILITY☐  
HOURS PER AIDE80

B. EXPENSES

ALLOCATION OF COSTS (d)

		12		3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	2,825	8,900		11,725
3	Classroom Wages (a)	23,197	104,664		127,861
4	Clinical Wages (b)		209,328		209,328
5	In-House Trainer Wages (c)	5,427	17,022		22,449
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$ 31,449	\$ 339,914	\$	\$ 371,363
10	SUM OF line 9, col. 1 and 2 (e)	\$ 371,363			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	356
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	113
2. From other facilities (f)	
TOTAL TRAINED	469

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

12345678											
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost	Units	Cost					
1	Licensed Occupational Therapist							hrs	\$		\$
2	Licensed Speech and Language Development Therapist	10a-3	hrs			208	5,200		208	5,200	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist		hrs								4
5	Physician Care	39-3	visits			48	55,012		48	55,012	5
6	Dental Care	39-1/39-3/39-2	visits	32,855		204	33,047	4,227	204	70,129	6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy		# of prescripts								9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Exceptional Care Program										12
13	Other (specify):										13
14	TOTAL			\$ 32,855		460	\$ 93,259	\$ 4,227	460	\$ 130,341	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

This report must be completed even if financial statements are attached.				
		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,270,285	\$	1
2	Cash-Patient Deposits	86,918		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 33,916 )	4,604,940		3
4	Supply Inventory (priced at COST )	69,017		4
5	Short-Term Investments	2,190,273		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	192,051		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): PLEDGES RECEIVABLE	28,989		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 9,442,473	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	650,195		12
13	Land	1,018,582		13
14	Buildings, at Historical Cost	19,101,637		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	5,685,445		16
17	Accumulated Depreciation (book methods)	(11,620,974)		17
18	Deferred Charges	661,459		18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):	334		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,496,678	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 24,939,151	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 775,189	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	88,095		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	473,712		30
	Accrued Taxes Payable			
31	(excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	OTHER ACCRUED LIABILITIES	538,350		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,875,346	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	11,163,834		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 11,163,834	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 13,039,180	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 11,899,971	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 24,939,151	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 11,717,052	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 11,717,052	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,084,906)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) SEE ATTACHED	1,267,825	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 182,919	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 11,899,971	24 *

\* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.  
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 12,108,867	1
2	Discounts and Allowances for all Levels	( )	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,108,867	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
	D. Non-Operating Revenue		
24	Contributions	1,930,782	24
25	Interest and Other Investment Income***	(2,349)	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,928,433	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	SEE ATTACHED	330,797	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 330,797	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,368,097	30

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	3,587,869	31
32	Health Care	6,095,738	32
33	General Administration	3,473,052	33
	B. Capital Expense		
34	Ownership	1,475,867	34
	C. Ancillary Expense		
35	Special Cost Centers	125,141	35
36	Provider Participation Fee	695,336	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,453,003	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,084,906)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,084,906)	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return?                      If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)  
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,953	2,561	\$ 55,167	\$ 21.54	1
2	Assistant Director of Nursing					2
3	Registered Nurses	2,247	2,708	46,436	17.15	3
4	Licensed Practical Nurses	23,980	27,487	397,402	14.46	4
5	Nurse Aides & Orderlies	410,431	438,393	3,315,820	7.56	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	17,720	19,506	247,858	12.71	10
11	Social Service Workers	5,700	6,212	93,893	15.11	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	86,930	100,138	864,817	8.64	15
16	Dishwashers					16
17	Maintenance Workers	21,571	24,027	269,198	11.20	17
18	Housekeepers	107,337	107,980	819,448	7.59	18
19	Laundry	21,556	25,328	214,630	8.47	19
20	Administrator	1,248	1,248	54,149	43.39	20
21	Assistant Administrator					21
22	Other Administrative	2,341	2,615	54,484	20.84	22
23	Office Manager					23
24	Clerical	28,975	32,255	370,350	11.48	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	16,243	17,412	246,541	14.16	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,794	2,072	25,160	12.14	31
32	Other Health Care(specify)					32
33	Other(specify)	25,748	28,727	436,258	15.19	33
34	TOTAL (lines 1 - 33)	775,774	838,669	\$ 7,511,611 *	\$ 8.96	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	12 months	\$ 21,132	1-3	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	12 months	5,616	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47	PSYCHOLOGIST CONSULTANT	45	13,500	11-3	47
48					48
49	TOTAL (lines 35 - 48)	45	\$ 40,248		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses	9,032	312,029	10-3	51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	9,032	\$ 312,029		53



**(See instructions.)**

[illegible]



Facility Name &amp; ID Number BEVERLY FARM FOUNDATION

# 0038604

Report Period Beginning: 07/01/01

Ending: 06/30/02

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO
- (2) Are there any dues to nursing home associations included on the cost report? YES  
If YES, give association name and amount. ILLINOIS HEALTH CARE \$8,558
- (3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? \_\_\_\_\_
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? YES  
What was the average life used for new equipment added during this period? 5 YEARS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 0 Line \_\_\_\_\_
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 695,336  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ \_\_\_\_\_ Has any meal income been offset against related costs? YES Indicate the amount. \$ 9,128
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? NO  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 0%  
d. Have vehicle usage logs been maintained? YES  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES  
**g. Does the facility transport residents to and from day training? NO**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? YES  
Firm Name: SCHEFFEL & COMPANY, P.C. The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? YES If no, please explain. \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? YES  
Attach invoices and a summary of services for all architect and appraisal fees.

BEVERLY FARM FOUNDATION #0038604  
PAGE 10, SCHEDULE IX - REAL ESTATE TAXES  
JUNE 30, 2002

REAL ESTATE TAXES ON PAGE 10 OF THE COST REPORT ARE ON LAND HELD  
FOR INVESTMENT PURPOSES.

BEVERLY FARM FOUNDATION #0038604  
INCOME RECEIVED BY BROAD CATEGORY NOT LISTED ON P. 19  
JUNE 30, 2002

DAY TRAINING	\$ 4,368,084
APARTMENTS & INCIDENTALS	377,987
GROUP HOMES	3,871,444
GIFT SHOP	77,999
GREENHOUSE	5,399
TREASURES & TRINKETS	5,956
	<u>\$ 8,706,869</u>

EXPENSES INCURRED BY BROAD CATEGORY  
NOT LISTED IN THIS COST REPORT

DAY TRAINING	\$ 3,853,116
APARTMENTS	323,073
GROUP HOMES	3,162,649
GIFT SHOP	77,465
GREENHOUSE	16,252
TREASURES & TRINKETS	6,490
	<u>\$ 7,439,044</u>

NET INCOME (Page 18, Schedule XVI, Line 15)	<u>\$ 1,267,825</u>
---	---------------------

BEVERLY FARM FOUNDATION #0038604  
PAGE 20, SCHEDULE XVIII, LINE 33  
JUNE 30, 2002

SERVICE	1	2	3	4
	HRS. WORKED	HRS. PAID	WAGES	HOURLY WAGE
PHYSICAL THERAPY	12,143	13,618	\$ 217,601	15.98
SPEECH THERAPY	1,909	2,069	48,513	23.45
GUARDS	1,647	1,819	20,759	11.41
DENTAL ASST.	2,310	2,526	32,855	13.01
TRANSPORTATION COORDINATOR	4,302	4,867	47,002	9.66
DEVELOPMENT DIRECTOR	1,952	2,080	41,421	19.91
FUNDRAISING SECRETARY	1,486	1,748	28,107	16.08
	25,748	28,727	\$ 436,258	

BEVERLY FARM FOUNDATION  
MISCELLANEOUS INCOME, PAGE 19, LINE 28  
JUNE 30, 2002

SODA MACHINE	\$ 9,128
HAB-AIDE REIMBURSEMENT	300,273
IPA TRANSPORTATION REIMBURSEMENT	6,160
FARM INCOME	860
MISCELLANEOUS	14,376
	<u>\$330,797</u>

BEVERLY FARM FOUNDATION #0038604  
VEHICLE DEPRECIATION - SCHEDULE XI., Section D.  
JUNE 30, 2002

Use	Model, Make, Year	Year Acquired	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Accumulated Depreciation
MAINTENANCE	85 FORD TRUCK	1984	12,796				12,796
RESIDENT TRANSPORTATION	94 DODGE VANS (2)	1994	21,000				21,000
MAINTENANCE	94 JD 4WD TRACTOR	1995	11,485				11,485
RESIDENT TRANSPORTATION	CAPITALIZED REPAIRS	1995	1,051				1,051
RESIDENT TRANSPORTATION	95 CHEVROLET CORSICA	1995	12,567				12,567
TRANSPORT SUPPLIES	95 CHEVROLET VAN	1995	17,167				17,167
WHEEL CHAIR VAN	95 CHEVROLET VAN	1995	36,398				36,398
LIFT GRATE VAN	CAPITALIZED EXPENSE	1996	1,960				1,960
RESIDENT TRANSPORTATION	96 CHEVROLET VAN	1996	15,570				15,570
RESIDENT TRANSPORTATION	96 LUMINA VAN	1996	15,827				15,827
WHEEL CHAIR LIFT	CAPITALIZED EXPENSE	1996	9,480				9,480
WHEEL CHAIR VAN	96 WHEEL CHAIR VAN	1996	20,699				20,699
MAINTENANCE	97 FORD TRUCK	1997	14,139	1,414	1,414		14,139
MAINTENANCE	FORD TRUCK	1997	8,500	1,700	1,700		7,650
WHEEL CHAIR VAN	79 VAN	1997	2,500	500	500		2,250
MAINTENANCE	CAPITALIZED REPAIRS	1998	3,428	686	686		3,086
MAINTENANCE	99 FORD PICKUP	1999	24,000	4,800	4,800		16,800
RESIDENT TRANSPORTATION	99 FORD VAN	1999	15,025	3,005	3,005		10,517
RESIDENT TRANSPORTATION	99 FORD VAN	1999	53,876	5,387	5,387		13,468
MAINTENANCE	87 CHEV. BUCKET TRUCK	2000	9,000	1,800	1,800		4,500
RESIDENT TRANSPORTATION	95 FORD VAN	2000	10,013	2,003	2,003		5,007
RESIDENT TRANSPORTATION	15 PASSENGER FORD VAN	2001	34,188	1,709	1,709		1,709
MAINTENANCE	FORD F150 PICKUP	2002	6,595	660	660		660
<b>TOTALS:</b>			<b>\$ 357,264</b>	<b>\$ 23,664</b>	<b>\$ 23,664</b>	<b>\$ -</b>	<b>\$ 255,786</b>

BEVERLY FARM FOUNDATION #0038604  
DEPRECIABLE NON-CARE ASSETS - SCHEDULE XI., Section F.  
JUNE 30, 2002

Description	Cost	Current Book Depreciation	Accumulated Depreciation
DAY TRAINING BUILDING	1,785,370	49,714	544,857
DAY TRAINING EQUIPMENT & VEHICLES	591,215	32,090	491,658
TOMBSTONES	3,186	212	2,655
GROVES B. SMITH BUILDING	1,087,546	28,348	222,039
GROVES B. SMITH EQUIPMENT	108,190	11,023	75,372
ADMINISTRATION BUILDING	112,652	2,924	15,866
ADMINISTRATION EQUIPMENT	9,294	1,103	7,938
GIFT SHOP EQUIPMENT	4,100	747	3,763
JUDAH SENIORS BUILDING	452,151	6,735	6,735
JUDAH EQUIPMENT	15,822	988	988
TREIN VOCATIONAL BUILDING	748,214	30,608	80,685
TREIN EQUIPMENT	5,858	885	1,974
DAYCARE BUILDING	30,963	2,038	8,064
HARDIN APARTMENTS	802,385	24,783	247,844
HARDIN APARTMENTS EQUIPMENT	222,296	12,283	131,359
GREENHOUSE	334,697	9,833	125,356
ARENA BUILDING	128,173	4,149	30,496
ARENA EQUIPMENT	68,181	3,722	62,725
HORTICULTURE	120,067	3,573	43,357
GROUP HOMES	2,426,157	68,627	616,099
GROUP HOMES EQUIPMENT	416,039	35,375	366,760
GROUP HOMES VEHICLES	61,223	2,391	58,895
GROUP HOMES LAND	30,000	-	-
OTHER LAND	60,462	-	-
	<u>\$ 9,624,241</u>	<u>\$ 332,151</u>	<u>\$ 3,145,485</u>

BEVERLY FARM FOUNDATION #0038604  
MEETINGS; TRAVEL & SEMINAR; REIMBURSED EXPENSES, ETC.  
JUNE 30, 2002

Description	Amount
TRAINING REPORT PREPARED BY DELORES KAISER - MAIN CAMPUS PORTION (ENCLOSED)	\$ 8,917
DIETARY - MEALS PREPARED FOR ON-GROUNDS COMMITTEE MEETINGS	1,897
MILEAGE	479
LIFEGUARD & CPR TRAINING	217
SEMINAR ROOM RENTAL	140
CRISIS PREVENTION SEMINAR	75
JOB FAIRS	51
DENTAL SEMINAR	443
REIMBURSEMENTS FOR PARKING & LODGING	334
ADMINISTRATOR LICENSING CLASS	800
IL HEALTH CARE ASSOCIATION WORKSHOPS/SEMINARS	480
	<u>\$ 13,833</u>
PAGE 3, SCHEDULE V, LINE 23, COLUMN 3	\$ 8,280
PAGE 3, SCHEDULE V, LINE 24, COLUMN 3	5,553
	<u>\$ 13,833</u>